

CHANGE OF ADVISOR AND/OR COMMITTEE

LSU Student ID	Last Name	First Name
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Major Field	Minor Field
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I wish to make the following change(s) in my Advisory Committee. Those members of the current faculty who are involved in the requested change(s) have noted their agreement by signing their name(s) on the appropriate line.

Current Committee Member:

Print Name	Signature	Date
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New Committee Member:

Print Name	Signature	Date
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REASON FOR REQUESTED CHANGE: